

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 12 1943

Registration District No.

Primary Registration District No. 3010

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 10 days years, months or days)

3. (a) PRINT FULL NAME LILLIAN P. BOHNERT

3. (b) If veteran, name war. - 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Luke Bohnert 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Nov - 3 - 1903
(Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Whitewater Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home work

12. Name Herman Jones

13. Birthplace Whitewater Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ida M. Jones

15. Birthplace Whitewater Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Jones

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof May 26 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmount Cem.

18. (a) Signature of funeral director Walthers Ind. Co

(b) Address Cape Girardeau Mo

19. (a) 5-25-43 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3824 Page
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 5/24 day 24 year 1943 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from 5/16 to 5/24 1943
that I last saw him/her alive on 5/23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
Uterus

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury.....

23. Signature O. Leabach (M. D. or other).....
Address Cape Girardeau Mo Date signed 5-25-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 643-232
Date Filed 6-2-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Wm Ferguson

Licensed Embalmer No. 4253

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.